



03500.013886.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

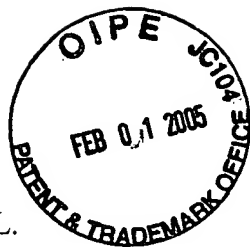
In re Application of:)
: Examiner: G. C. Neurauter
HARUO MACHIDA ET AL.)
: Group Art Unit: 2143
Application No.: 09/407,300)
:
Filed: September 29, 1999)
:
For: SYSTEM FOR DISPLAYING)
CONNECTION CONDITION)
OF DEVICE PROVIDED ON)
NETWORK : January 31, 2005

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

A Request For Continued Examination (RCE) is filed concurrently herewith. Preliminary to continued examination, please further amend the above-identified application in the following manner. The amendments to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 18.



In re Application of:

HARUO MACHIDA ET AL.

Application No.: 09/407,300

Filed: September 29, 1999

For: SYSTEM FOR DISPLAYING CONNECTION
CONDITION OF DEVICE PROVIDED ON
NETWORK

Docket No. 03500.013886.

Examiner: G. C. Neurauter

Group Art Unit: 2143

Date: January 31, 2005

Mail Stop RCE
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 48	MINUS	** 88	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	* 3	MINUS	*** 11	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

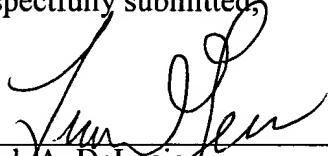
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank A. DeLucia
Attorney for Applicants
Registration No. 42,476

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